

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005986

Entity Name: KREWE OF PAIR O'DICE, INC.**Current Principal Place of Business:**1315 OAKFIELD DR
#970
BRANDON, FL 33509**Current Mailing Address:**P O BOX 975
SEFFNER, FL 33583 US**FEI Number: 59-3349506****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PAINTON, YVONNE M
1315 OAKFIELD DR
#970
BRANDON, FL 33509 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DIRECTOR
Name	MARSICANO, WALTER R
Address	P O BOX 975
City-State-Zip:	SEFFNER FL 33583

Title	DIRECTOR
Name	TURCHIARELLI, MIKE
Address	P O BOX 975
City-State-Zip:	SEFFNER FL 33583

Title	SECRETARY
Name	SCHOCK, CHRISANNE M
Address	P O BOX 975
City-State-Zip:	SEFFNER FL 33583

Title	PRESIDENT
Name	SUBERO, ERIKA L
Address	P O BOX 975
City-State-Zip:	SEFFNER FL 33583

Title	TREASURER
Name	GUASTELLA, ANN H
Address	P O BOX 975
City-State-Zip:	SEFFNER FL 33583

Title	DIRECTOR
Name	WOODS, BRAD
Address	PO BOX 975
City-State-Zip:	SEFFNER FL 33583

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANN GUASTELLA**TREASURER****02/10/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date